OFFICE OF EXECUTIVE INSPECTOR GENERAL For the Agencies of the Illinois Governor

EMPLOYMENT APPLICATION

PLEASE PRINT LEGIBLY OR TYPE INFORMATION.

	SECTION 1: GENERAL INFO	<u>ORMATION</u>		
TITLE OF OPEN OEIG POSITION The OEIG only acce	pts applications for positions that are curre	LOCATION: Springfiently available within the agency.	ield Chicago_	
NAME		2010		
Last	First	Middle		
STREET ADDRESS	T ADDRESS CITY ST		ATE	
ZIP CODE COUNTY	BIRTHDATE(Optional	CONTACT PHONE NUMBI	ER	
EMAIL ADDRESS				
If your answer to any of the following	ng questions is "Yes" please atta	•		
Have you ever been fired from a job? (Downsize and/or layoffs are not considered be	eing fired.)	Yes	No	
Have you ever pled guilty to or been convicted *Pursuant to Public Act 93-0211, effective Jan effective August 12, 2004, (705 ILCS 405/5-9 of Illinois are not obligated to disclose an arres expunged juvenile record. Employers may not	uary 1, 2004, (20 ILCS 2630/12(a)) and 15(8a)), respectively, applicants seeking t or conviction record that has been expu	Public Act 93-0912, employment with the State inged or sealed, nor an	No	
Are you currently in default on the repayment extra law provides that any employee who is loans for a period of six months or more and in make a satisfactory loan repayment arrangement.	in default on the repayment of certain put the amount of \$600 or more shall, as a continuous	ablicly financed education condition of employment,	No	
	SECTION 2: PERSONAL ST	ATEMENT		

The position for which you have applied requires submission of a written personal statement of no more than one page on the following topic:

The OEIG is responsible for ensuring and maintaining integrity in state government. Please explain what integrity means to you and how your skills and/or experiences will help this office achieve its mission.

Please submit the statement with your application.

Failure to submit a personal statement may result in the application not being considered.

SECTION 3: EDUCATION REPORT

School History: List your education accurately and completely. Proof of education/training will be required during the hiring process.

NAME AND ADDRESS OF HIGH UNIVERSITIES		MAJOR (DO NOT ABBREVIATE)	DATES AT From MO/YR	TTENDED To MO/YR	DEC	GREE	DATE OF EARNED MO/YR
TECHNICAL OR PROFESSIONA	AL LICENSE(S)						
LICENSE NUMBER						₹	
EXPIRATION DATE (MO/YR				2 100 0 22	(1.10, 11		
EXPIRATION DATE (MO/TR							
	SECTION 4: E	MPLOYMENT HIST	<u>ORY</u>				
associated with each. If additional sp EMPLOYER		_					
TELEPHONE	TITLE	EMPL	OYMENT D		MO/YR		MO/YR
DESCRIBE DUTIES AND RESPO	ONSIBILITIES:						
							
REASON FOR LEAVING			S A	ALARY			
EMPLOYER		ADDRESS					
TELEPHONE							
				N	MO/YR		MO/YR
DESCRIBE DUTIES AND RESPO	NOIDILITES:						

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EMPLOYER		ADDRESS			
TELEPHONE	TITLE	EMPLOYMENT DATES:	MOND	_ TO _	MOND
DESCRIBE DUTIES AND RESI	PONSIBILITIES:		MO/YR		MO/YR
REASON FOR LEAVING		SALARY_			
EMPLOYER		ADDRESS			
TELEPHONE	TITLE	EMPLOYMENT DATES:	MO/YR	_TO_	MO/YR
DESCRIBE DUTIES AND RESI	PONSIBILITIES:				
REASON FOR LEAVING		SALARY			
	SECTION 5:	: ACKNOWLEDGEMENTS			
this application. I authorize r determination of suitability for	elease of this and other in state employment. I certif	abmit proof of previous employment, military ser aformation covering job-related factors for the by that the information on this application is true by or termination of employment.	purpose o	f ver	ification and
of an "at-will" nature, which m with or without cause. It is documentation or by conduct	neans that the employee material further understood that this unless such change is soft employment, I understa	ned by applicable law, any employment relations by resign at any time and the employer may disc is "at-will" employment relationship may not pecifically acknowledged in writing by an au and and acknowledge that false or misleading in immediate discharge.	harge emples of the change at	ployed ed by execu	e at any time any written ative of this
I understand that I am required	to abide by all rules and reg	gulations of the employer.			
WRITTEN SIGNATURE	REQUIRED		DATE		
	SECTION 6: EQUA	AL OPPORTUNITY EMPLOYER			
and employees with disabilitie	s. We invite you to volur	opportunity Employer and provides reasonable acceptaintarily answer the questions below. Completion urposes of complying with state, federal, and equ	n of this	inforn	nation is not

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O FEMALEO MALE

0	White
0	Black or African American
0	American Indian or Alaska Native
0	Asian
0	Hispanic or Latino
0	Native Hawaiian or Other Pacific Islander

What is your Race?

SECTION 7: ADDITIONAL INFORMATION

State law requires that you furnish certain information about your child support obligations at the time you are hired. The possibility of employment is not affected by a child support obligation.

State law requires that "every male born on or after January 1, 1960, and less than 27 years old, shall submit documentation at time of appointment, evidencing his registration with the Federal Selective Service System."

In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Office of Executive Inspector General does not discriminate in employment, contracts, or any other activity. If you have a discrimination complaint, please contact the Office of Executive Inspector General at 312-814-5600 (voice) or 888-261-2734 (TTY).

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